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What You Need to Know About the Enterovirus Outbreak



by **Judy Koutsky**
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It can be worrisome if your little one

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comes down with cold or flu symptoms just when the spread of an enterovirus, EV-D68 (or enterovirus D68), is making headlines across the country. But there's no need to panic; instead, educate yourself about the symptoms and keep the same close eye on your child as always.

The reality is, in all likelihood this virus won't be a problem for your child: If you and your little one are generally in good health, it's likely you can fight off EV-D68 on your own with plenty of rest, hydration and time. However because this strain of enterovirus primarily affects the respiratory system, symptoms could be more severe for kids with conditions like asthma. Either way, if you or your child is experiencing any symptoms of an EV-D68 infection (see below) or if you're at all concerned (following those mommy instincts is always your best bet!), it's a good idea to see your doctor. Here's what you need to know to keep you and your kids healthy.

What exactly is an enterovirus, and what is the EV-D68 strain?

There are many types of enteroviruses, including EV-D68, that cause a wide variety of symptoms — mostly gastrointestinal, rashes and sometimes

respiratory. "This is not something new; the medical community has known about them for decades," says AJ Cummings, MD, founding member of the American Academy of Emergency Medicine.

The Centers for Disease Control (CDC) notes that there are more than 100 types of enteroviruses causing about 10 to 15 million infections in the United States each year that are found in the intestinal and respiratory tracts and blister fluid. What makes EV-D68 unique is that it can cause more severe respiratory problems than other enterovirus strains in children with preexisting health conditions like asthma.

[FOR YOU: A Letter from Heidi Murkoff on EV-D68 and Keeping Your Little Ones Healthy](#)

How many people have been affected by EV-D68?

The [CDC reports](#) that from mid-August to October 17, there have been a total of 825 confirmed cases of respiratory illness caused by EV-D68 in 46 states and the District of Columbia. The CDC notes that many state health departments are currently investigating reported increases in cases of severe respiratory illness in children. This

increase could be caused by many different viruses that are common during this time of year, although EV-D68 appears to be the predominant type of enterovirus this year and is likely contributing to the rise in severe respiratory illnesses.

[The Missouri Department of Health & Senior Services](#) reported that a pediatric hospital in Kansas City, Missouri recently cared for over 300 cases of respiratory illnesses. About 15 percent of those children were placed in an intensive care unit; of the 22 specimens tested, 19 were positive for enterovirus D68.

An outbreak of this size is rare: [CNN](#) says that up to now, fewer than 100 cases of EV-D68 had been reported since the virus was first identified in 1960. While that might sound scary, keep in mind is that in the vast majority of cases, symptoms are relatively mild or nonexistent and go away on their own.

As of October 20, the CDC was reporting low or declining number of cases of EV-D68 in 32 states and the District of Columbia and increasing or elevated activity in 12 states. Because the incidence of enterovirus infections usually declines as the fall season progresses, the numbers should gradually decrease.

How serious is enterovirus D68?

This virus has gained significant attention lately with news stories about the detection of EV-D68 in seven people who died. However the CDC notes that the virus's role in these deaths is still unclear.

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"Most healthy children should be fine," says Dr. Katherine Harmon, the health intelligence director of iJET International, a provider of operational risk management solutions working with over 500 multinational corporations and government organizations, who leads the day-to-day operations of the company's worldwide healthcare monitoring including infectious diseases. "Many respiratory illnesses circulate this time of year, and parents who have children with symptoms should not jump to conclusions," she adds, noting that the children who are in the intensive care units (ICU) are mostly those considered most at risk due to chronic respiratory conditions like asthma.

Dr. Amy Baxter MD, a pediatrician, pain researcher and CEO of MMJ Labs, which develops reusable, inexpensive products for personal pain control, agrees. She adds that even for kids with asthma, there's no need to panic. "Even with regular viruses, kids who are

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already at risk or have undiagnosed underlying problems can get serious complications.”

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“Enteroviruses and rhinoviruses (the category of the currently circulating one) are frequent causes of the common cold. This virus causes more wheezing, but it shouldn't be scarier than other colds and viruses that circulate in slightly different forms every year,” says Dr. Baxter. “Unless there's a breathing problem (ribs showing with each breath, too winded to walk up stairs) this can be treated like the common cold. Fortunately wheezing is a problem we're very comfortable treating, and kids get better quickly without long term consequences.”

Dr. Harmon advises parents to check with their pediatricians if their child is sick and they're concerned. “Medical providers can give guidance and support in proper diagnosis and treatment,” she says. Plus, she stresses, it's important to keep sick kids home to recuperate — no matter what illness they may have — in order not to spread the infection to others.

How does EV-D68 spread?

The enterovirus spreads by close contact with infected people, through mucus and saliva. Because kids may not always cover their mouth and noses when coughing and sneezing, they're more likely to quickly spread the disease.

Who's most at risk?

While anyone can become infected with enteroviruses, most cases of EV-D68 have been reported in kids and adults with asthma. As with any virus, young children and infants are more at risk, since their immune systems don't have as much practice fighting infections.

What signs should you be looking for?

EV-D68 has been reported to cause mild to severe respiratory illness — though most people will notice only mild symptoms that are similar to a cold, if any at all, says the CDC. Dr. Cummings notes that, "Early on in the course of the illness, it is essentially impossible to tell enterovirus apart from a common cold."

With time, some people experience respiratory problems (e.g., difficulty breathing and wheezing) that, during this current outbreak, can help distinguish EV-D68 from other enteroviruses. You should see your

doctor if you or your child has:

- Fever
- Rash
- Wheezing
- Difficulty breathing

It's especially important to see a physician if you or your child has asthma, since enterovirus D68 primarily causes respiratory problems.

What is the treatment for EV-D68?

There is no vaccine to protect against the virus or antiviral medication to treat EV-D68 infections. Dr. Cummings notes that, "The good news is that the virus is usually self-limited and only requires supportive care if any. People most at risk for developing complications are those with pre-existing medical conditions."

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How to prevent it

The CDC recommends the following tips to prevent the spread of EV-D68:

- Wash hands often. Use plenty of soap and wash for about 20 seconds, rinsing with water.
- Tell children to avoid touching their eyes, nose and mouth with unwashed hands.
- Have your child avoid sharing

utensils, cups and other dishes at school, especially if the other child appears sick.

- Frequently disinfect key areas — changing table, toys and doorknobs — both at school and home.
- Avoid kissing and hugging anyone who appears sick.
- Drink plenty of water and make sure to get adequate rest.
- Stay home or keep your kids home if they seem to be getting sick.

[The American Academy of Pediatrics](#)

[\(AAP\) notes](#) that the enterovirus is not the flu — but to ensure you don't confuse EV-D68 symptoms with those of the flu (and, of course, to protect against the flu virus), the group recommends a [flu vaccination](#) as soon as possible for all kids ages 6 months and up. The CDC also reminds parents that being up-to-date on all [recommended vaccinations](#) is the best way to protect yourself and your family from diseases that can result in severe illness and death including polio, measles and whooping cough.

If your child has asthma

If you or your child has asthma, the CDC recommends the following steps:

- Discuss and update your asthma

action plan with your health care provider — and if you develop new or worsening asthma symptoms, follow it.

- Be sure to always keep your reliever medication with you.
- Take your prescribed asthma medications, especially those for long-term control, as directed.
- Make sure caregivers are aware of your child's condition and that they know how to help if your little one experiences any asthma-related symptoms.
- Get a flu vaccine as soon as it's available.

If your child experiences any symptoms of EV-D68 that don't go away, call your doctor right away.

If you're pregnant

According to the CDC, EV-D68 is one of many non-polio enteroviruses — and most pregnant women will likely be exposed to someone who is infected with a non-polio enterovirus, especially in the fall. Pregnant women have a greater chance of being infected if they do not have immunity (protection) from previous exposures to one of these viruses. However, most pregnant women who become infected will not get sick or will only have mild illness.

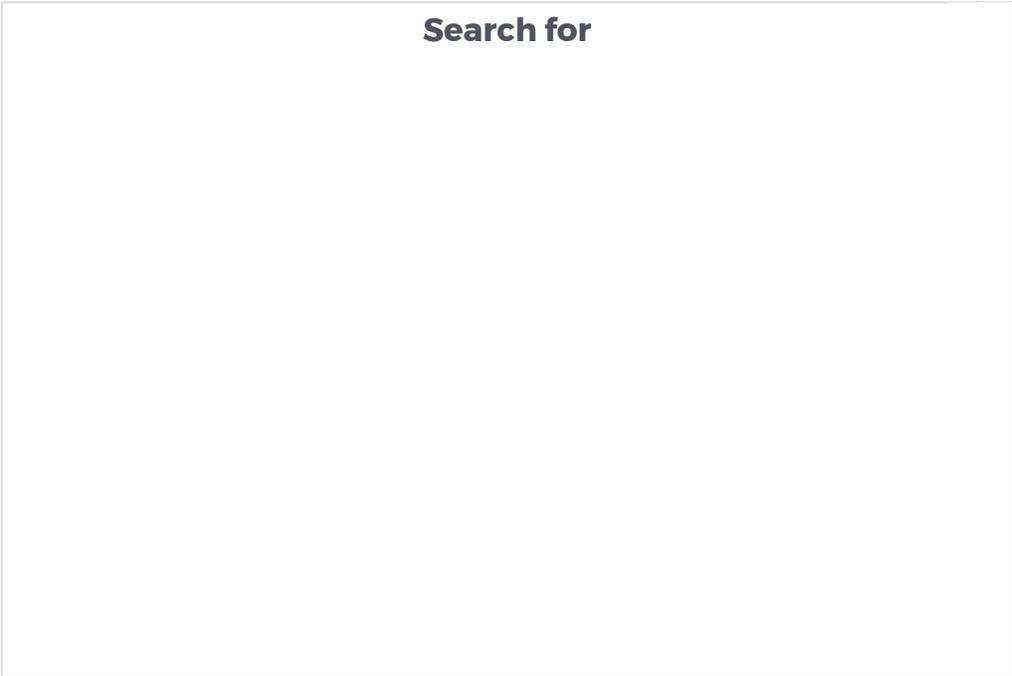
What's more, currently there is no clear evidence that pregnant women with non-polio enterovirus infection will have severe complications, like miscarriage, stillbirth or congenital defects. But if a pregnant woman is infected shortly before delivery, she can pass the virus to her baby. These babies usually have only mild illness, though in rare cases, they may have severe infection. If you're concerned that you may have enterovirus D68, contact your doctor.



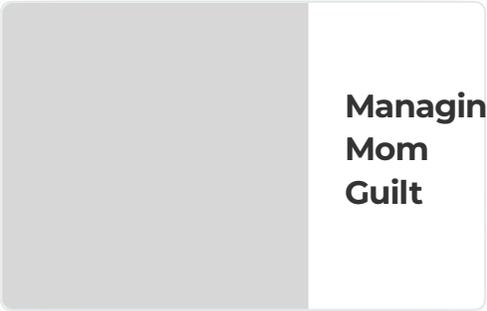
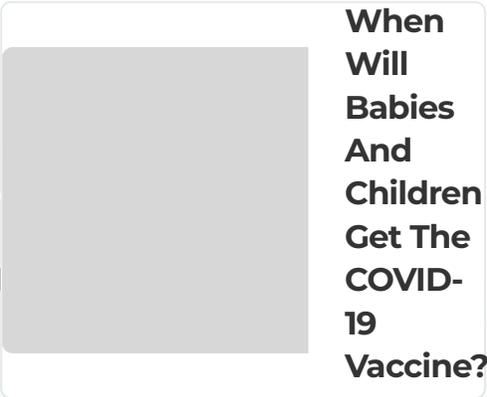
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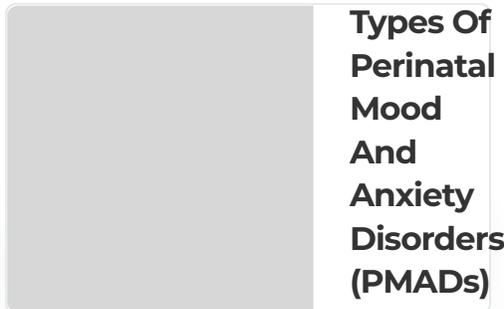
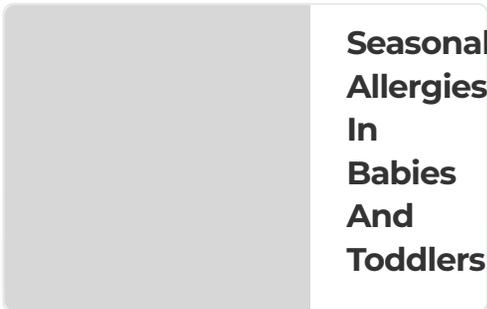
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